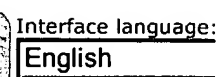


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Abstract , Full Text

OCG Technology Introduces Your Own Health.com

PR Newswire. New York: Apr 15, 1999. pg. 1

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Dateline: New York

Publication title: PR Newswire. New York: Apr 15, 1999. pg. 1

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did=40570894&sid=5&Fmt=3&clientId=19649&RQT=309&VName=PQD

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NEW YORK, April 15 /PRNewswire/ -- OCG Technology, Inc. (OTC Bulletin Board: OCGT) announced that it has gone "live" online with its innovative web site YourOwnHealth.com. This Internet site facilitates consumer access to quality medical information helping its users become more knowledgeable about medical conditions and be better informed healthcare consumers. The web site hosts Internet versions of two sections of OCGT's PrimeCare (TM) Patient Management System, a sophisticated software program designed for physicians to electronically document the physician/patient encounter. One of these sections, "Patient History Questionnaires", permits the consumer to select and answer complaint-specific medical questionnaires. Based on the consumer's responses to questions, a detailed report, which includes possible diagnoses, is created. The second section, "Patient Education Materials", provides articles relating to diseases, disease management and common medications, enabling the consumer to better understand medical problems and conditions.

Full Text (689 words)

Copyright PR Newswire - NY Apr 15, 1999

NEW YORK, April 15 /PRNewswire/ -- OCG Technology, Inc. (OTC Bulletin Board: OCGT) announced that it has gone "live" online with its innovative web site YourOwnHealth.com. This Internet site facilitates consumer access to quality medical information helping its users become more knowledgeable about medical conditions and be better informed healthcare consumers. The web site hosts Internet versions of two sections of OCGT's PrimeCare(TM) Patient Management System, a sophisticated software program designed for physicians to electronically document the physician/patient encounter. One of these sections, "Patient History Questionnaires", permits the consumer to select and answer complaint-specific medical questionnaires. Based on the consumer's responses to questions, a detailed report, which includes possible diagnoses, is created. The second section, "Patient Education Materials", provides articles relating to diseases, disease management and common medications, enabling the consumer to better understand medical problems and conditions.

American Medical Association President, Nancy Dickey, has stated, "There is a huge population out there that now uses the Internet regularly in seeking general health information and getting what is, in effect, a second opinion on what their doctors recommend... In general this is good, because a patient who comes in to a doctor with information is usually a better partner than one with no information." (Source: Washington Post; 2/16/99)

Although YourOwnHealth.com is free to the consumer, it is designed to generate revenues from three specific advertising opportunities: (a) banner advertising on every page (average questionnaire consists of approximately 20 page views); (b) geographical sponsorships by hospitals and medical providers based on exclusive zip code defined areas; and (c) topical sponsorships by pharmaceutical and medical product manufacturers that will target complaint- specific questionnaires.

"According to a poll by Louis Harris & Associates, as many some 60 million adults used the World Wide Web last year to find information about health care. We have developed a business model to provide the consumer with an easy to use medical education web site that improves the consumer's understanding of medical problems. This will enhance the patient/physician encounter. We have also created the opportunity to generate revenues by providing our advertisers and sponsors with a knowledgeable focused audience of health care consumers," stated Marriott Winchester, Director of Marketing of PrimeCare Systems, Inc. ("PSI"), a wholly owned subsidiary of OCGT.

YourOwnHealth.com, a product of PSI, enables users to securely and anonymously select and complete detailed medical history questionnaires that relate to their medical complaints. The PrimeCare System contains a repository of medical questionnaires, each of which deals with a different medical problem. They range from a general history questionnaire containing more than 500 different questions to problem-specific questionnaires covering particular medical conditions (for example, abdominal pain, shoulder problems, headaches, etc.). The Questionnaires can be viewed in either English or Spanish. The easy to understand formats have been proven in clinical use for the past 10 years in a variety of medical settings. The medical report generated contains both the patient's responses and a list of differential diagnoses associated with those responses. All medical data will be encrypted for storage, and medical communications will use secure digital certificates.

The clinical database created by using YourOwnHealth.com's unique method of collecting and storing clinical information anonymously, could be valuable to many health care companies. Information gathered may later assist with outcomes research and possibly enhance future health care products and services offered by drug manufacturers

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But when a patient marches into his office with a self-diagnosis or demands a particular medication, Dr. (Paul) Baumert says, he feels like a shoe salesman. "It's like they walk in and say, 'I want a pair of Nikes,'" complains Dr. Baumert, who practices in Olathe, Kan. "What did I go to medical school for?"

Lots of physicians echo Dr. Baumert's lament these days, and they can blame the Internet. That's where thousands of patients are looking for cures to what ails them. But what patients celebrate as a source of empowerment some doctors see as a growing nuisance.

While Internet-informed patients represent a minority of caseloads for many doctors, their ranks are growing. Some doctors who never heard a word about the Internet from patients a few years ago now say one-third of their patients get health information online. A chief complaint: the added time Internet patients often require because of their Web-inspired questions and preconceptions.

Full Text (1484 words)*Copyright Dow Jones & Company Inc Oct 19, 1998*

Paul Baumert slogged through four years of medical school, three years of family-practice residency and a yearlong fellowship in sports medicine. The 38-year-old physician scours medical journals on evenings and weekends, has completed hundreds of hours of continuing education, and has earned the distinction of fellow of the American Academy of Family Physicians.

But when a patient marches into his office with a self-diagnosis or demands a particular medication, Dr. Baumert says, he feels like a shoe salesman. "It's like they walk in and say, 'I want a pair of Nikes,'" complains Dr. Baumert, who practices in Olathe, Kan. "What did I go to medical school for?"

Lots of physicians echo Dr. Baumert's lament these days, and they can blame the Internet. That's where thousands of patients are looking for cures to what ails them. But what patients celebrate as a source of empowerment some doctors see as a growing nuisance.

Internet-junkie patients have doctors wading through stacks of downloaded data full of irrelevant information and kooky cures, and defending their expert opinions against tales from Internet chat rooms. Patients are putting additional demands on doctors' time by peppering them with questions sent by e-mail.

Moreover, in an age when managed care has squeezed their incomes and battered their image, doctors see the Internet as one more challenge to their traditional authority. When a patient trusts his Internet search engine more than his doctor, "my medical opinion is worth less," Dr. Baumert says.

There's nothing new about people approaching their doctors with treatments they have learned of through word-of-mouth, news reports or, in recent years, stepped-up consumer advertising by pharmaceutical makers. But with thousands of medical sites run by everyone from academic medical centers to herbalists, the Internet has sharply raised the volume of outside opinions available to patients.

While Internet-informed patients represent a minority of caseloads for many doctors, their ranks are growing. Some doctors who never heard a word about the Internet from patients a few years ago now say one-third of their patients get health information online. A chief complaint: the added time Internet patients often require because of their Web-inspired questions and preconceptions.

When a first-time patient complaining of knee pain asked Dr. Baumert to prescribe Synvisc, a new, injectable treatment for chronic arthritis that the man had read about on the Internet, the physician was taken aback. Normally, he would start such a patient on a routine, anti-inflammatory drug and simple knee exercises. Now on the defensive, Dr. Baumert had to take an X-ray to prove what he had suspected all along: there was no evidence that the man had arthritis, and therefore he was better off starting with a less invasive treatment.

"I had to go down a different path during a clinical visit than I would ever have taken for such a simple problem," Dr. Baumert says. The added steps doubled the length of what would have been a 15-minute visit, causing Dr. Baumert to fall behind in his busy schedule of 25 to 30 office visits a day.

Another concern for conventional doctors is rosy Internet reports on alternative treatments, which can prompt patients to abandon their medical regimes or delay urgently needed procedures.

Lanyard K. Dial, a family physician in Ventura, Calif., had experienced enough problems trying to get a 65-year-old patient with high blood pressure and heart problems to stay on his medication. During a recent checkup, the man brought in downloaded information on nutritional supplements that he wanted to substitute for his blood-pressure drugs, Cardura and Cozaar.

Dr. Dial could feel his own blood pressure start to rise. The man had suffered a heart attack in the past, and his blood pressure had soared dangerously high when he wasn't on medication. Although he persuaded the man to stay on the drugs for the moment, Dr. Dial fears much of the progress he has made with the patient will be undone with a future click of a mouse.

"I've worked with this man for a long time to get him to take his medicine," Dr. Dial says. "Here, he gets a little bit of information and finds something that fits with what he believes is correct."

Sometimes, patients' love affair with the Internet can be life-threatening, doctors complain.

Peter Schneider, a vascular surgeon at Kaiser Medical Center in Honolulu, sat down six times with a 70-year-old patient in a vain attempt to convince the man that he needed surgery as soon as possible to remove an arterial blockage. A search of the Internet had convinced the man that "chelation therapy" -- a lead-poisoning remedy also used as an alternative treatment for hardening of the arteries -- was the way to go, despite what Dr. Schneider says

is insufficient medical evidence that it would cure his problem. So long as this patient postpones surgery, he raises his risk of stroke by 10%, Dr. Schneider says.

"The Internet didn't help this guy at all," Dr. Schneider says. "It got him distracted into thinking something else will work."

To be sure, many doctors say Net-savvy patients make their lives easier. Patients with chronic problems such as diabetes or congestive heart failure can quickly develop a working knowledge of their illness, which is a key part of keeping it under control. The Web also helps people considering surgery, chemotherapy or other complex treatments to zero in on the crucial questions, some doctors say.

John L. Cameron, chief of surgery at Johns Hopkins Hospital in Baltimore, says pancreatic-cancer patients who have visited the Hopkins home page on the illness require 15 minutes to absorb the same information that it otherwise would take a half-hour to explain. "You are able to spend time on really important issues, like what are the chances we'll be able to cure them, what are the risks of dying during hospitalization," Dr. Cameron says. "These patients know where their pancreas is."

Unfortunately, other doctors say, there's no filter to sort the online wheat from the chaff. While most doctors don't mind looking over a few pages, they do resent Web-happy patients who dump a mountain of downloaded data onto their desks and expect them to sift through it. William Mahood, a gastroenterologist in Abington, Pa., threw up his hands when a patient complaining of bowel symptoms handed him a quarter-inch-thick file, including pages of Internet information on drugs he was taking for what Dr. Mahood considered an unrelated neurological condition.

While Dr. Mahood needed the man's basic medical history and a list of his medications, "this was too much, and there was a lot that was of minimal importance," he says. "I made it very clear that I couldn't read all this in the time that was allotted."

Even a search of the most respected sites can lead patients astray. David Decker, an oncologist at William Beaumont Hospital in Royal Oak, Mich., has many patients who research their illnesses on the National Cancer Institute's cancer database, but some come back with clinical trials that don't apply to them, he says. "Even when you get to the right site, you have to be pretty sophisticated to get to the correct paragraph about your illness," Dr. Decker says.

Another Internet concern for doctors is the bombardment of e-mail from current and would-be patients. It takes valuable time to answer these queries, and doctors often feel uneasy rendering a medical opinion through an e-mail exchange. Thomas L. Spray, chief of cardiothoracic surgery at Children's Hospital of Philadelphia, says he often gets e-mail queries from parents whose children have heart conditions. "It puts us in an awkward position," Dr. Spray says. "There's no personal contact, so you can't discuss any nuances of the patient's condition."

Yet doctors who don't respond to e-mail are likely to lose those patients to doctors who are more accommodating, says Tom Ferguson, publisher of the Ferguson Report, an Austin, Texas, newsletter covering online health information. Moreover, while doctors have legitimate concerns about the impact of the Internet on their patients' well-being, many are clearly uncomfortable with the idea of patients playing a greater role in their own treatment, says Dr. Ferguson, who has a medical degree and works as a consultant to developers of medical Web sites. Physicians "can't keep up this image of being all-knowing anymore," he says.

Doctors say they don't want to play God. But they do appreciate a little respect. And the Internet, while merely an informational tool for most patients, has provided a new weapon for that small but dreaded minority who seem to take pleasure in bickering with their doctors.

"They have a textbook and an Internet search, and they quiz you on why your information is in any way different," Dr. Decker says. "You feel like it's a waste of time because in spite of your explanations, they don't want to understand."

Ms. Jeffrey is a staff reporter in The Wall Street Journal's New York bureau.

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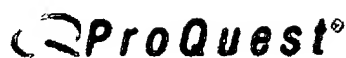
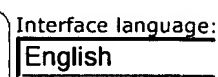
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PR Newswire. New York: Apr 15, 1999. p. 1

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By Nancy Ann Jeffrey. *Wall Street Journal (Eastern edition)*. New York, N.Y.: Oct 19, 1998. p. R.8

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Hunter Whitney. *Brandweek*. New York: Sep 14, 1998. Vol. 39, Iss. 34; p. 20 (2 pages)

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PR Newswire. New York: Aug 25, 1998. p. 1

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- ☐ 7. **Making the right connection can improve diagnosis**
RICHARD HSEIH Dr Richard Hsieh is director of the medical information transfer programme at the

Faculty of Medicine, Chinese University of Hong Kong We welcome contributions on tertiary education issues from academics. Articles may be edited, subject. **South China Morning Post**. Hong Kong: Dec 4, 1997. p. 25

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- ☐ 8. [Medical data accessible on Internet](#)
Jaklevic, Mary Chris. Modern Healthcare. Chicago: May 6, 1996. Vol. 26, Iss. 19; p. 82 (1 page)

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